

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082847

FILED
Aug 01, 2008
Secretary of State

Entity Name: PREPAID HEALTH SERVICES LLC

Current Principal Place of Business:

5999 LAKE POINTE DR.
SUITE 608
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 592700
ORLANDO, FL 328592700 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIVERSIFIED CONSULTANTS LLC
5999 LAKE POINTE DR
SUITE 608
ORLANDO, FL 32822 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIVERSIFIED CONSULTA, NTS LLC
Address: 5999 LAKE POINTE DR
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBYN BAZEMORE

MGR

08/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date